

**Fort Zumwalt School District**

Name \_\_\_\_\_ DOB \_\_\_\_\_

**Dtap/DPT (diphtheria, pertussis & tetanus)** Last dose on or after 4<sup>th</sup> birthday and last dose of pertussis before 7<sup>th</sup> birthday.

Maximum needed: 6 doses

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

**Tdap** - Required for students enrolled in **8<sup>th</sup> – 12<sup>th</sup> grade**. If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.

1 \_\_\_\_\_

**MCV – Grade 8:** one dose of MCV is required. **Grade 12:** Two doses of MCV is required unless the first dose was administered to a student who was 16 years of age or older, in which only one dose is required.

1 \_\_\_\_\_ 2 \_\_\_\_\_

**IPV/OPV (Polio) (circle type received)**

**K-6:** Last dose must be administered on or after 4<sup>th</sup> birthday. The interval between the next-to-last and last dose should be at least six months.

**Grades 7-12:** Last dose on or after the 4<sup>th</sup> birthday. If all four doses are administered appropriately and received prior to the 4<sup>th</sup> birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by 4-6 years of age constitutes a complete series. Maximum needed: four doses.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

**MMR (measles, mumps and rubella) (K-12 grades: 2 doses)**

First dose on or after 1<sup>st</sup> birthday (28 days apart 2<sup>nd</sup> dose)

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Hepatitis B**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

\*Hepatitis B

4 months and older:

Dose 1 at birth up to 4 months

Dose 1

Dose 2 must be 28 days or 4 weeks from dose 1

Dose 2 must be 28 days or 4 weeks from dose 1

Dose 3 must be 24 weeks old or 168 days from dose 1

Dose 3 must be 56 days or 8 weeks from dose 2

Dose 1 & 3 must be 16 weeks or 112 days apart

Minimum age for last dose is 24 weeks

**Varicella (chicken pox) Grades K – 6:** ( 2) doses required or doctor note stating month/year of disease. **Grades 7 – 11:** (1) dose required or doctor/parent note stating month/year of disease. First dose on or after 1<sup>st</sup> birthday.

1 \_\_\_\_\_ 2 \_\_\_\_\_

Your child will not be allowed to attend classes until the above information has been provided to the school. If your child has already had the immunizations, please send or bring a copy of the official record to school.

State Law and Board of Education policy indicate your child is not in compliance. Your child must be in compliance with the immunization law by \_\_\_\_\_.

If you use this form for vaccination verification, it must be signed by your physician.

Physician signature

Date

**Immunizations Not Required for School Admission**

TB Test

Hepatitis A

HIB (haemophilus influenza)

1 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Immunizations are available through the St. Charles County health Service 1650 Boonslick, St Charles.

Call 636-949-1857 for information regarding immunizations times. A nominal donation per vaccine dose will be requested. Services will not be denied for those who are unable to contribute. Please bring previous immunization history and the child's Social Security number.